

FILED SEP 11 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3301

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-18-42-9-3-42
(Specify whether years, months or days)

In this community 6.5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **7**
(If outside city or town limits, write "RURAL")

(d) Street No. 7201 Bellefontaine **8**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Doctor Homer Cole

3. (b) If veteran, name war 1100

3. (c) Social Security No. 1100

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3rd
year 1942 hour 5:00 A. minute _____ M.

21. I hereby certify that I attended the deceased from 8-25-42 19. to 9-3-42 19. ;
that I last saw him alive on 9-3-42 19. ;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Ira M Cole 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Sept- 22- 1859
(Month) (Day) (Year)

Immediate cause of death Squamous cell carcinoma of oesophagus

Due to _____

Due to 460w

8. AGE: Years 82 Months 11 Days 11 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy See above

9. Birthplace: Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired mail handler

11. Industry or business R.C. Terminal Ry Co

12. Name S. Cole

13. Birthplace ny 1
(City, town, or county) (State or foreign country)

14. Maiden name Mrs. Leonard

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Cole

(b) Address 7201 Bellefontaine

17. (a) Burial (b) Date thereof Sept 5-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Wm. C. Foster

(b) Address 918 Brooklyn

19. (a) 9/5/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature James P. Brown (M. D. or other) _____
Address Ed. Bldg. K.C. General Hospital Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

10 11 58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Theron A. Redmon
Licensed Embalmer No. 2737
P. O. Address D.C. Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.